

**REQUEST FOR COPY OF BIRTH CERTIFICATE**

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Information on birth records less than 100 years old is confidential.

No birth record information will be given over the telephone, by fax or by e-mail.

**PLEASE PRINT****DO NOT MAIL CASH**

NAME  (at birth)	(Full Name)		
	-----		
	First	Middle	Last
	DATE OF BIRTH (Month/Day/Year)	PLACE OF BIRTH (Town of Occurrence)	
FATHER	(Full Name)		
	-----		
	First	Middle	Last
	DATE OF BIRTH (Month/Day/Year)	PLACE OF BIRTH (State or Country)	
MOTHER	(Full Name)		
	-----		
	First	Middle	Last (Maiden Name)
	DATE OF BIRTH (Month/Day/Year)	PLACE OF BIRTH (State or Country)	

**PLEASE NOTE: Attach a legible copy of your current photo identification to this request form.**

PERSON MAKING THE REQUEST:

NAME: \_\_\_\_\_  
First Middle LastADDRESS: \_\_\_\_\_  
Number Street

TOWN/CITY: \_\_\_\_\_ STATE &amp; ZIP CODE: \_\_\_\_\_

SIGNATURE: **X** \_\_\_\_\_ Relationship: \_\_\_\_\_The legal fee for a LONG FORM is **\$10.00 per copy.**

Number of LONG FORMS requested: \_\_\_\_\_

The legal fee for a SHORT FORM is **\$5.00 per copy.**

Number of SHORT FORMS requested: \_\_\_\_\_

Amount enclosed: \$

Please make check or money order payable to the Town of Simsbury.

Mail this request with a legible copy of your photo ID and payment to

Town Clerk, P.O. Box 495, Simsbury, CT 06070.

For other Town Clerk addresses, please call (860) 509-7897